

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90064 013 ****61.25



DOCUMENT # 750646
1. Entity Name
REFLECTIONS ON THE GULF ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O INFINITI PROPERTY MANAGEMENT, INC C/O INFINITI PROPERTY MANAGEMENT, INC
1301 SEMINOLE BLVD., SUITE 110 1301 SEMINOLE BLVD., SUITE 110
LARGO FL 33770 LARGO FL 33770



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1967704** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD., SUITE 110
LARGO FL 33770

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARKEY, SCOTT <input type="checkbox"/> Delete 1509 WILLOW CROOK DR PALM HARBOR FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete HEYWOOD, MARJORIE 900 GULF BLVD, # 308 INDIAN ROCKS BEACH FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input checked="" type="checkbox"/> Delete TIMBERLAKE, RAQUEL 900 GULF BLVD, #701 INDIAN ROCKS BEACH FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete FUCHS, JOSEPH 11589 SHELLY CIR SEMINOLE FL 33772 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Delete ARMSTRONG, ROBERT 900 GULF BLVD, # 601 INDIAN ROCKS BEACH FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | THANE REITAN D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 Gulf Blvd. #1008 Indian Rocks Beach, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD, TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marjorie Heywood (MARJORIE HEYWOOD) 02/12/08